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|   |  |                                 |                   |                            |            |                  |                   | Application or Docket Number |                        |                            |                           |                        |  |
|---|--|---------------------------------|-------------------|----------------------------|------------|------------------|-------------------|------------------------------|------------------------|----------------------------|---------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000   |  |                                 |                   |                            |            |                  |                   | RD 09/751959                 |                        |                            |                           |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |                                 |                   |                            |            | mn 2)            | SMALL ENTITY TYPE |                              |                        | OR                         | OTHER THAN R SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |                                 | 10                |                            |            |                  | . R/              | TE                           | FEE                    |                            | RATE                      | FEE                    |  |
| FOR   |  |                                 | NUMBER FILED NUMB |                            | NUMB       | ER EXTRA         | BASI              | C FEE                        | 355.00                 | OR                         | BASIC FEE                 | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |                                 | 10 minus 20= * O  |                            |            | X\$              |                   | 9=                           |                        | OR                         | X\$18=                    |                        |  |
| INDEPENDENT CLAIMS  |  |                                 | 2 minus 3 = 0     |                            |            |                  | X40=              |                              |                        | OR                         | X80=                      |                        |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                   |                   |                            |            |                  | +1:               | +135=                        |                        | OR                         | +270=                     | ·                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |                                 |                   |                            |            |                  | ТО                | TOTAL                        |                        | OR                         | TOTAL                     | 710                    |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |                                 |                   |                            |            |                  | SMALL ENTITY      |                              |                        | OTHER THAN OR SMALL ENTITY |                           |                        |  |
|   | CLAIMS HIGHEST                                 |                                 |                   |                            |            |                  |                   |                              | ADDI-                  | j                          |                           | ADDI-                  |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT |                   | NUMBI<br>PREVIOU<br>PAID F | USLY       | PRESENT<br>EXTRA | RA                | TE                           | TIONAL<br>FEE          |                            | RATE                      | TIONAL<br>FEE          |  |
|   | Total  | · 10                            | Minus             | -20                        | C          | =                | X\$               | 9=                           |                        | OR                         | X\$18=                    |                        |  |
|   | Independent                                    | . 2                             | Minus             | 5                          | 3          | =                | X40=              |                              |                        | OR                         | X80=                      |                        |  |
| L   | FIRST PRESE                                    | NTATION OF MI                   | ULTIPLE DE        | PENDENT                    | CLAIM      |                  | +10               | ·                            |                        | 00                         | +270=                     |                        |  |
|   |  |                                 |                   |                            |            |                  |                   | OTAL                         | · ·                    | OR                         | TOTAL                     |                        |  |
|   | (Column 1) (Column 2) (Column 3)               |                                 |                   |                            |            |                  |                   |                              | L                      | OR.                        | ADDIT. FEE                |                        |  |
|   | T  | (Column 1)<br>CLAIMS            |                   | (Colum<br>HIGHE            |            | (Column 3)       |                   |                              | 4001                   | 1 1                        |                           | 4551                   |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT |                   | NUMB<br>PREVIOU<br>PAID F  | USLY       | PRESENT<br>EXTRA | RA                | TE                           | ADDI-<br>TIONAL<br>FEE |                            | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 1                             | Minus             | 2                          | 0          | = &              | X\$               | 9=                           |                        | OR                         | X\$18=                    |                        |  |
|   | Independent                                    | . 2                             | Minus             |                            | 3          | = &              | X4                | 0=                           |                        | OR                         | X80=                      |                        |  |
|   | FIRST PRESE                                    | NTATION OF M                    | JLTIPLE DE        | PENDENT                    | CLAIM      |                  | +13               | 5=                           |                        | OR                         | +270=                     |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |                                 |                   |                            |            |                  |                   | OTAL                         |                        | OR                         | TOTAL<br>ADDIT. FEE       |                        |  |
|   |  |                                 |                   |                            |            |                  |                   | FEE                          | <b>L</b>               |                            | ADDII. FEEI               |                        |  |
|   |  | CLAIMS                          |                   | HIGHE                      | ST         |                  |                   |                              | ADDI-                  | 1 1                        |                           | ADDI-                  |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT |                   | PREVIOUS PAID F            | USLY       | PRESENT<br>EXTRA | RA                | TE                           | TIONAL<br>FEE          |                            | RATE                      | TIONAL<br>FEE          |  |
|   | Total  | •                               | Minus             | ••                         |            | =                | X\$               | 9=                           |                        | OR                         | X\$18=                    |                        |  |
|   | Independent                                    | •                               | Minus             | ***                        |            | =                | X4                | 0=                           |                        | OR                         | X80=                      |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                   |                            |            |                  |                   |                              |                        |                            |                           |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |                                 |                   |                            |            |                  |                   |                              |                        | OR                         | +270=                     |                        |  |
| "If the entry in column 1 is less than the entry in column 2, write "U" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  OR  ADDIT. FEE |  |                                 |                   |                            |            |                  |                   |                              |                        |                            |                           |                        |  |
|   | The "Highest Nun                               | nber Previously Pa              | id For (Total     | or Independe               | nt) is the | highest number   | found in          | the ap                       | propriate bo           | x in co                    | lumn 1.                   |                        |  |